



# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Environmental Health Division  
131 Coventry Street  
Hartford, Connecticut 06112



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Mayor

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**RAUL PINO**  
Acting Director

## **VENDOR TEMPORARY FOOD LICENSE APPLICATION (FOR TEMPORARY FOOD EVENT)**

The VENDOR of each temporary food event must complete this application with remittance of \$75.00 (non profit events \$ 25) by CERTIFIED CHECK, MONEY ORDER or CREDIT CARD (**no cash or personal checks**) payable to the City of Hartford and must be filed (15) days prior to the opening event\*. This application and \$75.00(non profit \$25) must be submitted to the Department of Health and Human Services, Environmental Health Division, 131 Coventry Street, Hartford, CT 06112.

**\*In addition applications received between 5-15 days prior to the event will be charged \$125. Applications received less than 5 days prior to the day of the event will be levied \$150. This applies to all applicants including Not-For-Profit Organizations.**

**\*This application is not a license.** Temporary food permits will not exceed a period of 1 to 5 days.

Name of Event \_\_\_\_\_ Application Date \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Building Name & Room# \_\_\_\_\_

Event Coordinator Name (full business name) \_\_\_\_\_

Name of **Event Coordinator Contact Person** (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Name of Applicant (Food Vendor):** First name \_\_\_\_\_ Last name \_\_\_\_\_

**Applicant Business Name** \_\_\_\_\_ Non Profit Org. (yes\*) \_\_\_\_\_

\*If yes, submit copy of state non profit certification with the application.

Applicant's Address \_\_\_\_\_

Applicant's E-Mail Address \_\_\_\_\_

Applicant's Phone # (work & home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Name of person in charge on event premises** \_\_\_\_\_ Cell # \_\_\_\_\_

Set up time \_\_\_\_\_ Inspection time \_\_\_\_\_

**Note: Please provide the following information: All questions must be answered to determine if your food permit will be approved. (If any of the following does not apply to you mark it N/A)**

- 1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach a separate sheet if necessary).**

*PLEASE NOTE: Any changes to the menu must be submitted to the Environmental Health Division no later than 10 days prior to the event.*

Hot Food: \_\_\_\_\_  
\_\_\_\_\_

Cold Food: \_\_\_\_\_

Beverages: \_\_\_\_\_

Other: \_\_\_\_\_

- 2. Will all foods be prepared at the Temporary Food Event site?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

- 3. Describe the food source and operation approach at the event:**

**Note: There shall be no home cooking or home preparation of food offered at temporary food events. All foods must be obtained from a licensed and permitted retail or wholesale food distributor.**

- a. Food Prepared or precooked at licensed kitchen or restaurant. Yes\* \_\_\_\_\_  
b. Precooked Food ordered/purchased or donated by food establishment or organization. Yes\* \_\_\_\_\_  
c. Food will be cooked on premises. Yes \_\_\_\_\_ Mobile Vendor Yes \_\_\_\_\_

- 4. If the answer is yes for question 3 a. or b.**

- d. Name(s) of the Licensed kitchen or restaurant \_\_\_\_\_  
e. Address of the Licensed kitchen or restaurant \_\_\_\_\_  
f. Please submit a copy of the Food License of the licensed kitchen or restaurant with this application if issued outside of City of Hartford.

- 5. Describe how Potential Hazardous Food\*(PHF) will be transported from licensed kitchen to event Safely within adequate temperature range (be specific):**

Thermo vehicles: \_\_\_\_\_ Cooler with Ice: \_\_\_\_\_  
Thermo box: \_\_\_\_\_ Thermo bag: \_\_\_\_\_  
Other (describe): \_\_\_\_\_

- 6. Identify cooking equipment and approach, choose as many as apply:**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| Gas Grill (commercial only) _____ | Chaco grill (Commercial only) _____ |
| Steamer _____                     | Kettle (corn) _____                 |
| Conventional Oven _____           | Stove _____                         |
| Stir fry wok _____                | Rice maker _____                    |
| Deep Fryer _____                  | Gas cooker _____                    |
| Other (describe) _____            |                                     |

7. List all places (names & address) where the food source especially meats, poultry, seafood, \*shellfish, and ice will be purchased. \*shellfish tag must be kept with the original bag or container until it is empty then kept for 90 days.

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Example: Hot dog, Chili Sauce commercial packaged, Precooked -----Restaurant Depot

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**8. Hand washing facilities to be used by employees.**

- a. Commercial Electric Portable hand washing station \_\_\_\_\_
- b. **Portable Hand washing station** set-up: yes \_\_\_\_\_, ( **must include all items listed below**)
- Thermo Water Tank with **Spigot** \_\_\_\_\_
- Waste Water Bucket \_\_\_\_\_ Soap \_\_\_\_\_ Paper Towel \_\_\_\_\_

**9. How and where /Equipment/ utensil washing will take place.**

- a. Commercial ware washing facility on event premises \_\_\_\_\_
- b. Portable three bay sink (commercial) \_\_\_\_\_
- c. **Three containers of suitable size (adequate for the largest cooking ware or utensils)** \_\_\_\_\_
- d. Will bring back to base of operation to wash (for events less than 4 hours only) \_\_\_\_\_.
- e. Not applicable (if using single-use utensils or prepackaged food) \_\_\_\_\_.

**10. Waste Water and Grease Disposal: Describe how wastewater will be collected, stored and disposed.**

**Note: no waste water and grease allowed disposal on ground or the storm drain.**

Collected by event coordinator \_\_\_\_\_ Bring back to base of operation \_\_\_\_\_

**11. Garbage Containers: Describe the number and location of garbage containers.**

Numbers for food Prepare or dispensing set \_\_\_\_\_

Numbers for audients \_\_\_\_\_

**12. What heat source will be used to keep hot foods hot (140 degrees and above)?**

- a. Steamer \_\_\_\_\_ b. Chaffing Dish \_\_\_\_\_
- c. Other (describe) \_\_\_\_\_ d. N/A (cold food only) \_\_\_\_\_

**13. Describe how cold foods will be kept cold (45 degrees and below).**

- a. Commercial cooler/freezer \_\_\_\_\_ b. Ice cooler \_\_\_\_\_
- c. Ice Packs \_\_\_\_\_

**14. Describe how food temperatures are monitored and thermometers cleaned, and sanitized.**

- a. Probe Type Thermometer (0-220 degrees F range) \_\_\_\_\_
- b. Cooler Thermometer \_\_\_\_\_
- c. Alcohol Swap for sanitizing required \_\_\_\_\_

**15. Food Protection equipment required:**

- a. Tent required if food will be prepared, cooked and dispensed out side \_\_\_\_\_
- b. Food must be properly covered, \_\_\_\_\_ Sneeze Guard require for self serves PHF food items \_\_\_\_\_
- c. Adequate shelves required for storing food and food services item's containers off floor \_\_\_\_\_
- d. gloves for ready-to eat food contact.**

**16. Personal Hygiene:**

Effective hair restraints (hat, hair net) \_\_\_\_\_

Clean outfit, apron, t-shirt with sleeves \_\_\_\_\_

Are personnel with symptoms like fever, diarrhea, vomiting, coughing/sneezing, etc. or hand/finger wounds prohibited from handling food? Yes \_\_\_\_\_ No \_\_\_\_\_

**17. List of employee/volunteer names, phone numbers, addresses, and shifts to be worked during the event.**

| <u>NAME OF EMPLOYEE</u> | <u>PHONE #</u> | <u>ADDRESS</u> | <u>SHIFT</u> |
|-------------------------|----------------|----------------|--------------|
|-------------------------|----------------|----------------|--------------|

1.

2.

3.

4.

5.

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9.

**18. Use attachment #1 in this packet to sketch a drawing showing the event area and where your operation will be, and the layout of your equipment setting.**

## **ATTACHMENT #1**

## **Are you ready for the preoperational food inspection?**

### **SELF CHECKLIST FOR FOOD VENDOR OPERATORS**

**(Keep the list on site with you)**

- \_\_\_\_\_ Hand-washing station set up (water tank with spigot, soap, paper towel, and waste water bucket and garbage container)
- \_\_\_\_\_ Metal probe thermometer (0 – 220 degrees F range), alcohol swap
- \_\_\_\_\_ Thermometers for all refrigerators
- \_\_\_\_\_ Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)
- \_\_\_\_\_ Equipment for PHF hot holding and transport.
- \_\_\_\_\_ Plastic wrap/Aluminum foil, food grade plastic bags
- \_\_\_\_\_ Extra utensils: tongs, spatulas, spoons, and knives ( stored in clean sealed bags)
- \_\_\_\_\_ Water and Ice from safety approved source
- \_\_\_\_\_ Buckets/tubs for washing, rinsing, sanitizing food equipment (size fixed the largest cook or storing equipment or containers)
- \_\_\_\_\_ Bleach for sanitizing, test strips for checking
- \_\_\_\_\_ Waste water disposal container with tied lid
- \_\_\_\_\_ Container(s) for grease collection
- \_\_\_\_\_ Clean wiping cloths and a sanitizing solution container to store them in
- \_\_\_\_\_ Garbage containers with plastic bags
- \_\_\_\_\_ Hats/hair restraints and clean wear, T-sheet with sleeves
- \_\_\_\_\_ Tables, crates, shelves adequate for all food or service item containers stored off floor
- \_\_\_\_\_ Gloves for food handling
- \_\_\_\_\_ Tent, Sneeze guard, food cover material for food protection
- \_\_\_\_\_ All potential Hazard food stored at proper temperature > 140°F or < 45°F
- \_\_\_\_\_ All cooking equipment, utensils must be cleaned and sanitized before inspection

A HANDWASHING STATION MUST INCLUDE: POTABLE HOT & COLD RUNNING WATER (OR WARM WATER); LIQUID SOAP IN A DISPENSER; PAPER TOWELS; CONTAINER FOR WASTE WATER. WATER CONTAINER MUST BE CLEAN AND HAVE A VALVE OR SPIGOT THAT REMAINS OPEN TO ALLOW FOR ADEQUATE HANDWASHING.

B. Temperature:

Cold Food keep  $\leq 45^{\circ}\text{F}$   
Hot Food keep  $\geq 140^{\circ}\text{F}$



Internal Cooking Temps

165°F  
reheats, poultry

155°F:  
ground meats  
pork

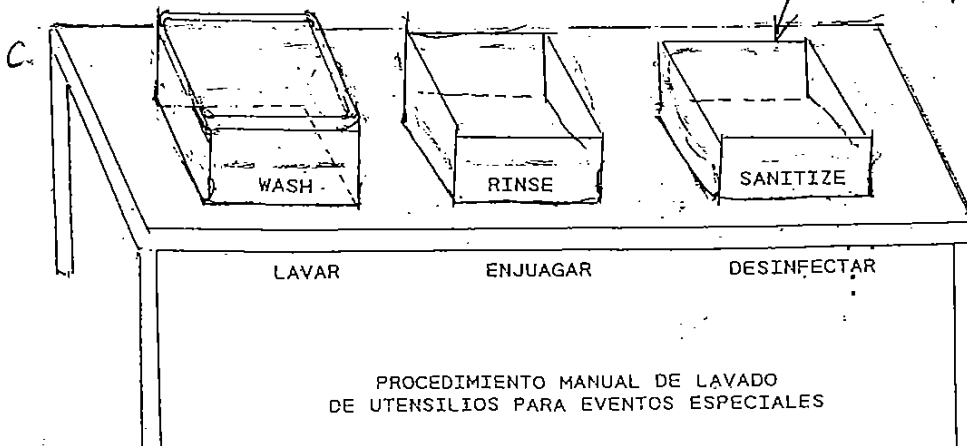
145°F:  
whole meats  
fish  
other PHFs

• Thermometers provided.

C. MANUAL DISHWASHING PROCEDURE  
AT SPECIAL EVENTS

Chlorine Sanitizing Solution:  $\frac{1}{2}$  Table Spoon Bleach in Per Gallon WATER.

Chlorine 100 P.P.M  
Quat 200 P.P.M OR



# CREDIT/BANK CARD PAYMENT FORM

CARD TYPE: 



CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CHARGE AMOUNT \$ \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Payment description: